

S. No. 2
4-9-41
5-17-39
PI X29

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29073

Registration District No. 29

Primary Registration District No. 44-12 5951 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Rural - Indian Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
11 miles Southwest of Bowling Green
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether)
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Rural - Indian Township
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Stallings

3. (b) If veteran, name war D.K. 3. (c) Social Security No. yes

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife D.K. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 22 - 1968
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days D.K. If less than one day _____ hr. _____ min.

9. Birthplace Madison Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business
12. Name Harrison Stallings
13. Birthplace Stallings Ill
(City, town, or county) (State or foreign country)
14. Maiden name Mary Varner
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Leland S. Stallings

(b) Address Little Falls Minn.

17. (a) Burial (b) Date thereof 7-23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Township

18. (a) Signature of funeral director W. B. E. Emore

(b) Address Bowling Green

19. (a) July 30 43 (b) Mrs. Frank Dodson
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day between July 18-23
year 1943 hour D.K. minute . M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death gunshot in field near his home has been dead since my days
Due to fatal bleed
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 200
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
(c) Means of injury Coroner
23. Signature W. B. E. Emore (M. Doctor)
Address Louisiana, Mo. Date signed 7/23/43

1148 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 874314131

Date Filed AUG 13 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *W. B. E. Moore*

Licensed Embalmer No. 3466

P. O. Address *Borhing Green*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.